

CONGRATULATIONS!

CERTIFICATE OF ACCOMPLISHMENT

"The Courage To Quit"

Presented to

John Doe

In recognition of your success and participation

Seton Health Center for Smoking Cessation
"The Courage To Quit" Program

Date

Debbie Keefe
Smoking Cessation Facilitator

i.e. Certificate given to motivate , acknowledge and reward.

i.e. Program handouts – cut into business card size.

The Top Five Reasons Why I Want To Quit:

- 1.
- 2.
- 3.
- 4.
- 5.

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i.e. 3-page worksheet/handout for participant to keep and use during group time.

Name:	The Courage To Quit	Date:	Facilitator:
Questions to Ask and Answer			
Question:	Why do you smoke?		
Notes:			
Question:	Do you want to quit?		
Notes:			
Question:	If yes, why do you want to quit?		
Notes:			
Additional Notes			

Name:	The Courage to Quit	Date:	Facilitator:
Questions to Ask and Answer			
Question:	If no, what do you like about smoking?		
Notes:			
Question:	Do you know what health effects tobacco has on your body?		
Notes:			
Question:	Do you know what medications are available to help you quit and how to access them?		
Notes:			
Additional Notes			

Name:	The Courage to Quit	Date:	Facilitator:
Questions to Ask and Answer			
Question:	Have you ever quit before and for how long?		
Notes:			
Question:	If yes, how did you do it and how did you feel?		
Notes:			
Question:	What do you fear most about quitting?		
Notes:			
Additional Notes			